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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/845,042	04/27/2001	Filippo Belardelli	0508-1105	1462
YOUNG & THOMPSON 209 Madison Street			EXAMINER	
			EWOLDT, GERALD R	
	Suite 500 ALEXANDRIA, VA 22314			PAPER NUMBER
			1644	
			MAIL DATE	DELIVERY MODE
			06/05/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



## UNITED STATES PATENT AND TRADEMARK OFFICE

## Board of Patent Appeals and Interferences

YOUNG & THOMPSON 209 MADISON STREET

SUITE 500 ALEXANDRIA. VA

ALEXANDRIA, VA 22314

Appeal No: 2008-1869

Appellant: Filippo Belardelli et al.

Application No: 09/845,042

Hearing Room: A Hearing Docket: A

Hearing Date: Thursday, July 10, 2008

Hearing Time: 09:00 AM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

## NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant Date Registration No.

Names of other visitors expected to accompany counsel:

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